

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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W000000	<p>This visit was for the PCR (Post Certification Revisit) for the investigation of complaints #IN00155120 and #IN00153960 completed on 8/29/14.</p> <p>Complaint #IN00155120: Not Corrected.</p> <p>Complaint #IN00153960: Not Corrected.</p> <p>Unrelated deficiency cited.</p> <p>Dates of survey: 10/8/14 and 10/9/14.</p> <p>Facility Number: 001216 Provider Number: 15G663 AIMS Number: 100233690</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 20, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 1 of 3 sampled clients (A). The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB (Self Injurious Behavior), to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB, to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs. Please see W104.</p>	W000102	<p>Please see W104 Please see W122 Indiana MENTOR and Client A's IDT has determined that the one on one staffing will remain in place until Client A's court date on November 18, 2014, in which the court will decide his future placement due to his ongoing elopement behaviors. Indiana MENTOR, in conjunction with client A's Interdisciplinary Team and the Bureau of Developmental Disability Services, are working to identify a more appropriate residential placement in the meantime. All identified parties have concluded that client A should receive a waiver in order to be in most appropriate residential placement. The intake meeting for this is scheduled for 11-3-2014 at 10am. All staff working with client A are trained on the updated Behavior Support Plan, which includes the elopement protocol, the one on one protocol, and the reinforcement protocol. The Program Director and Home Manager were previously retrained on Indiana MENTOR's policy and procedures for neglect. The Program Director and Home Manager will be retrained on putting appropriate protective measures into place after each incident that occurs, according to the Indiana MENTOR's policy and procedures on abuse and neglect. The IDT will continue to meet</p>	11/08/2014

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W000104	<p>2. The governing body failed to implement its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB (Self Injurious Behavior), to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs. Please see W122.</p> <p>This deficiency was cited on 8/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaints #IN00153960 and #IN00155120.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for</p>	W000104	<p>monthly to review Client A's Behavior Support Plan and ongoing protocols until the new placement has takeover. All incidents for client A are being reviewed by the IDT in order to determine if more therapeutic interventions are needed for client A's health and safety. Client A continues to receive his weekly counseling services to support him during this transition period. Client A continues to see his psychiatric doctor monthly to review his current therapeutic medications. To ensure that all incidents are investigated accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner. Responsible Parties: Program Director, Area Director, and Quality Assurance Specialist</p> <p>Please see W149 Please see</p>	11/08/2014

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	<p>1 of 3 sampled clients (A), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB (Self Injurious Behavior), to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB, to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs. Please see W149.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility completed thorough investigations for 2</p>		<p>W157 Indiana MENTOR and Client A's IDT has determined that the one on one staffing will remain in place until Client A's court date on November 18, 2014, in which the court will decide his future placement due to his ongoing elopement behaviors. Indiana MENTOR, in conjunction with client A's Interdisciplinary Team and the Bureau of Developmental Disability Services, are working to identify a more appropriate residential placement in the meantime. All identified parties have concluded that client A should receive a waiver in order to be in most appropriate residential placement. The intake meeting for this is scheduled for 11-3-2014 at 10am. All staff working with client A are trained on the updated Behavior Support Plan, which includes the elopement protocol, the one on one protocol, and the reinforcement protocol. The Program Director and Home Manager were previously retrained on Indiana MENTOR's policy and procedures for neglect. The Program Director and Home Manager will be retrained on putting appropriate protective measures into place after each incident that occurs, according to the Indiana MENTOR's policy and procedures on abuse and neglect. The IDT will continue to meet monthly to review Client A's Behavior Support Plan and ongoing protocols until the new</p>		

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W000122	<p>incidents of elopement and 1 incident of SIB regarding client A. Please see W154.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility developed and implemented corrective action to prevent reoccurrence of client A's elopement and SIBs. Please see W157.</p> <p>This deficiency was cited on 8/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaints #IN00153960 and #IN00155120.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). The facility</p>	W000122	<p>placement has takeover. All incidents for client A are being reviewed by the IDT in order to determine if more therapeutic interventions are needed for client A's health and safety. Client A continues to receive his weekly counseling services to support him during this transition period. Client A continues to see his psychiatric doctor monthly to review his current therapeutic medications. To ensure that all incidents are investigated accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner. Responsible Parties: Program Director, Area Director, and Quality Assurance Specialist</p> <p>Please see W149 Please see W157 Indiana MENTOR and Client A's IDT has determined that the one on one staffing will remain in</p>	11/08/2014

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	<p>failed to implement its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB (Self Injurious Behavior), to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to implement its policy and procedures to prevent neglect of client A regarding 3 incidents of elopement and 1 incident of SIB, to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs. Please see W149. 2. The facility failed to complete thorough investigations for 2 incidents of elopement and 1 incident of SIB regarding client A. Please see W154. 3. The facility failed to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs. Please see W157. 		<p>place until Client A's court date on November18, 2014, in which the court will decide his future placement due to hisongoing elopement behaviors. Indiana MENTOR, in conjunction with client A'sInterdisciplinary Team and the Bureau of Developmental Disability Services, areworking to identify a more appropriate residential placement in the meantime.All identified parties have concluded that client A should receive a waiver inorder to be in most appropriate residential placement. The intake meeting for this is scheduled for11-3-2014 at 10am. All staff working with client A are trained on the updatedBehavior Support Plan, which includes the elopement protocol, the one on oneprotocol, and the reinforcement protocol. The Program Director and Home Manager were previouslyretrained on Indiana MENTOR's policy and procedures for neglect. The Program Director and Home Manager will be retrained onputting appropriate protective measures into place after each incident thatoccurs, according to the Indiana MENTOR's policy and procedures on abuse andneglect. The IDT will continue to meet monthly to review Client A'sBehavior Support Plan and ongoing protocols until the new placement has takenover. All incidents for client A are being reviewed by the IDT inorder to</p>	

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W000149	<p>This deficiency was cited on 8/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaints #IN00153960 and #IN00155120.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its policy and procedures to prevent neglect of client A</p>	W000149	<p>determine if more therapeutic interventions are needed for client A's health and safety. Client A continues to receive his weekly counseling services to support him during this transition period. Client A continues to see his psychiatric doctor monthly to review his current therapeutic medications. To ensure that all incidents are investigated accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner. Responsible Parties: Program Director, Area Director, and Quality Assurance Specialist</p> <p>Indiana MENTOR and Client A's IDT has determined that the one on one staffing will remain in place until Client A's court date on November 18, 2014, in which</p>	11/08/2014

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	<p>regarding 3 incidents of elopement and 1 incident of SIB (Self Injurious Behavior), to complete a thorough investigation regarding 2 incidents of elopement and 1 incident of SIB for client A and to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/8/14 at 2:11 PM. The review indicated the following:</p> <p>1. BDDS report dated 9/4/14 indicated, "On 9/3/14, [client A] was upset because staff wouldn't go (sic) [client A] an IPOD. [Client A] wanted the IPOD because he believes his CD player is broken and it won't play CDs. In fact, the CD player works but [client A] keeps stretching (sic) his CDs which causes the player not to play correctly. Staff mentioned to [client A] that they weren't going to the store to buy [client A] an IPOD and this is when [client A] eloped from the group home. [Client A] ran away from the group home for about 5 to 10 minutes until he came back to the front yard of the group home. [Client A] wouldn't get (sic) back into the group</p>		<p>the court will decide his future placement due to hisongoing elopement behaviors. Indiana MENTOR, in conjunction with client A'sinterdisciplinary Team and the Bureau of Developmental Disability Services, areworking to identify a more appropriate residential placement in the meantime.All identified parties have concluded that client A should receive a waiver inorder to be in most appropriate residential placement. The intake meeting for this is scheduled for11-3-2014 at 10am. All staff working with client A are trained on the updatedBehavior Support Plan, which includes the elopement protocol, the one on oneprotocol, and the reinforcement protocol. The Program Director and Home Manager were previouslyretrained on Indiana MENTOR's policy and procedures for neglect. The Program Director and Home Manager will be retrained onputting appropriate protective measures into place after each incident thatoccurs, according to the Indiana MENTOR's policy and procedures on abuse andneglect. The IDT will continue to meet monthly to review Client A'sBehavior Support Plan and ongoing protocols until the new placement has takenover. All incidents for client A are being reviewed by the IDT inorder to determine if more therapeutic interventions are needed for client</p>		

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	<p>home but attempted to punch the front headlights out of a staff member's car lights out (sic). No damage was done to the headlights nor to [client A's] hand. Then [client A] took off his shirt in the middle of [street] and started to swear at staff. The police were called and after about 15 minutes of inappropriate behavior the authorities arrived (sic) they redirected [client A] and he was fine for the rest of the evening. Plan to Resolve. Continue to monitor the health and safety of [client A] at all times."</p> <p>Client A's IDT (Interdisciplinary Team) protocol form dated 8/25/14 was reviewed on 10/9/14 at 5:55 PM. Client A's IDT protocol indicated, "All staff members will be retrained from the new list of objectives to follow for [client A]; (1) One on one staff must be within arm's length at all times of [client A]; (2) One on one staff can stand in front of doors to block [client A] from going outside into the community; (3) One on one staff can (use) PIA (Physical Intervention Alternatives) (physical restraint technique) as needed to keep [client A] from running out in the community; (4) one on one staff must protect [client A] from running out in the community and will follow a couple of rules, in detail if [client A] does elope from the group home, as follows... (a) do not let [client</p>		<p>A'shealth and safety. Client A continues to receive his weekly counseling servicesto support him during this transition period. Client A continues to see his psychiatric doctor monthly toreview his current therapeutic medications. To ensure that all incidents are investigated accurately andthoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PDwith the next three investigations. Ongoing, all investigations will be reviewed by the AreaDirector and the Quality Assurance Specialist to ensure that all issues areaddressed, that the investigation iscompleted thoroughly, that recommendations are made and that all recommendationsare completed and followed up on in a timely manner. Responsible Parties: Program Director, Area Director, andQuality Assurance Specialist</p>		

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	<p>A] get away if he attempts to elope from the group home; (b) staff must catch up to [client A] and stop him as quickly as possible from running off; (c) stop him at once. You can use PIA techniques to stop [client A] from eloping further; (d) Once [client A] elopes from the group home property, call the cops immediately; (e) Second staff will call the cops once [client A] has successfully eloped from the property of the group home...."</p> <p>-The review did not indicate documentation of an investigation regarding client A's 9/3/14 incident of elopement or subsequent behavior in the public street. The review did not indicate documentation of analysis of the circumstances of client A's 9/3/14 incident of elopement. The review did not indicate documentation of analysis of factual findings or determination as to whether or not staff appropriately implemented client A's 8/25/14 IDT protocol to prevent client A from eloping into the community.</p> <p>2. BDDS report dated 9/29/14 indicated, "[Client A] eloped from his group home around 1:30 PM. Staff was able to be within eye sight of [client A] the entire time. However, police were called and [client A] was returned to the group home at 1:55 PM. Plan to resolve.</p>			

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	<p>Continue to monitor [client A's] health and safety daily."</p> <p>-Investigation Summary dated 9/30/14 indicated, "[Staff #1] was [client A's] one to one ratio staff and was attempting to get him to clean his room. [Client A] became upset and didn't want to, so he eloped from the group home. [Staff #1] followed [client A] in her car and finally convinced him to get in the car and come back. The police were called in the meantime but had no intervention because [staff #1] convinced [client A] to return before they got involved.</p> <p>Factual findings: [Staff #1] reported that she was doing her normal routine with [client A] and attempting to get him to clean his room. [Staff #1] said that he was not cooperative at all and became upset. [Client A] eloped out the door. [Staff #1] said that he ran North on [street] and [staff #1] was able to follow [client A] in her car. [Staff #1] turned right on [street] and followed him slowly. [Staff #1] attempted to get him to come back in the car with her but he refused. He ran for a few more blocks. [Staff #1] said that she did call the police as it is written in his elopement protocol but they did not intervene at all. [Client A] did get in the car with her and was returned to the group home with no injuries."</p>			

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	<p>The 9/30/14 Investigation summary indicated, "Conclusion: (1) Evidence supports staff intervened appropriately; (2) Evidence supports staff implemented BSP (Behavior Support Plan) appropriately; (3) Evidence supports staff followed RMAP (Risk Management Assessment and Plan); (4) Evidence supports staff followed protocol(s)."</p> <p>The 9/30/14 Investigation summary did not indicate analysis or reconciliation regarding if staff #1 attempted to implement PIA to prevent client A from eloping from the group home. The investigation summary concluded staff #1 appropriately implemented client A's protocols without providing documentation of analysis of staff #1's description of the incident or implementation of PIA techniques. The review indicated staff #1 did not implement client A's 8/25/14 IDT protocol to prevent client A from eloping from the group home.</p> <p>3. BDDS report dated 9/30/14 indicated, "[Client A's] housemates were asking the staff what outing they were scheduled to do that night (9/29/14). Staff discussed with them the idea of going to the park. [Client A's] one on one staff explained to [client A] that he was not able to go on</p>			

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	<p>the outing because of his behaviors earlier in the day based on his BSP. [Client A] became upset and went to his room. Staff followed him and he became physically aggressive and started saying that he wanted to kill himself. [Client A's] one on one staff started removing objects from his possession. [Client A] was breaking his CDs and CD cases and attempting to swallow them. [Client A] did get some down but immediately started throwing up all over his room. Still upset, he picked up his TV and tossed it across the room breaking it. [Client A] took the cable cords from the wall and attempted to strangle himself. Staff were (sic) able to confiscate the cable cords. [Client A] continued to try to use objects to hurt himself. [Client A] took off his belt and started stabbing himself in the arm with the buckle. Staff again were (sic) able to get it out of his possession. Another staff in the meantime called the police because [client A] continued to try to swallow parts of the CDs that he broke. The police and EMT (Emergency Medical Technicians) came and took him to [hospital] where he was later admitted for suicidal comments, threats and behaviors. An x-ray was completed and it was determined that [client A] did swallow part of the CD but it was small enough that it would be able to pass through his</p>			
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	<p>system without cause for worry.</p> <p>Plan to resolve. At this time, [client A] remains in the care of [hospital]. The team will meet to discuss protective measures to be put into place in order to follow all doctor's orders upon discharge."</p> <p>-Follow up BDDS report dated 10/8/14 indicated, "[Client A] was released from the hospital the next day. [Client A] had an x-ray to visually see if any CD parts were in his body. Doctor stated that [client A] did have a couple of very small pieces in his stomach but he could excrete them through a bowel movement without any troubles. After [client A] was released from the hospital he was placed on suicide watch for 24 hours. We will continue his one on one supervision to assure his health and safety is not compromised. Also, an IDT meeting is being organized to talk about his issues and how to solve them safely (sic) and accurately."</p> <p>-Summary of Internal Investigation Report (SIIR) dated 9/30/14 indicated, "Brief summary of the incident: On 9/29/14 [client A] because (sic) upset over being denied an outing according to his BSP. [Client A] became suicidal with attempts to swallow broken pieces of a</p>			

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	<p>CD and its case, breaking his TV and attempting to strangle himself with the cords and attempting to self-harm with his belt. The police were called because staff were (sic) unable to get him to stop and were fearful, and [client A] was taken and admitted to [hospital]." The SIIR dated 9/30/14 indicated HM (Home Manager) #1 was interviewed during the investigation process. In HM (Home Manager) #1's documented interview, HM #1 indicated staff #2 reported to her that staff #2 had attempted to utilize PIA on client A during the 9/29/14 incident of self-harm. In staff #2's documented interview, staff #2 did not indicate she had attempted or did successfully implement PIA on client A to prevent his self-harming behaviors. The SIIR did not indicate documentation of analysis of staff #2's intervention or clarify if staff #2 implemented PIA to prevent self-harm to client A. The SIIR did not indicate documentation of interviews being conducted with staff #3 or #4 who were working in the home during the incident. The SIIR did not indicate documentation of interviews with clients A, B, C, D, E or F regarding the incident. The SIIR did not indicate documentation of a finding of fact/determination as to whether or not staff #2 neglected to prevent client A from self harming himself. The SIIR did not indicate documentation of</p>			

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	<p>recommendations or methods to prevent future incidents.</p> <p>4. BDDS report dated 10/8/14 indicated, "On 10/7/14, [client A] was listening to his MP-3 player. [Client A] was having a great afternoon but when [client A's] one on one staff member told [client A] to do a specific chore, he refuse (sic) to listen to anything she had to say and as a result he ran out of the group home yelling profanities. Because of the elopement out of the home staff call (sic) 911 to have the authorities come to the group home (sic) help find [client A] and being (sic) him into the home safely. Plan to resolve. Continue to follow [client A's] BSP to assure his health and safety at all times. A (sic) IDT... has been organized to help solve some of [client A's] issues he is currently happening (sic)." The BDDS report indicated client A had evaded staff's supervision.</p> <p>The facility's POC (Plan of Correction) form dated 9/28/14 was reviewed on 10/8/14 at 1:30 PM. The 9/28/14 POC indicated, "All staff working with [client A] are trained on the updated BSP, which includes the elopement protocol, the one on one protocol and the reinforcement protocol. The program manager and home manager will be retrained on Indiana Mentor's Policy and procedures</p>			

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	<p>for neglect. The program manager and home manager will be retrained on putting appropriate protective measures into place after each incident that occurs, according to the Indiana Mentor's policy and procedures on abuse and neglect. The IDT will continue to meet monthly to review [client A's] BSP and ongoing protocols until the new placement has taken over. All incidents for [client A] are being reviewed by the IDT in order to determine if more therapeutic interventions are needed for [client A's] health and safety. To ensure that all incidents are investigated accurately and thoroughly, Indiana Mentor's Quality Assurance Specialist (QAS) will assist... with the next three investigations. Ongoing, all investigations will be reviewed by AD (Area Director) and the QAS to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner."</p> <p>Client A's record was reviewed on 10/9/14 at 10:43 AM. Client A's BSP dated 12/24/13 indicated, "Property Destruction. Restrictive: (1) A firm prompt is needed to get [client A's] attention. Attempt to redirect [client A] to another activity and remind him of his</p>			

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	<p>reinforcement program. [Client A] should respond immediately. If he stops, provide verbal praise; (2) If redirection does not work, be sure that all other individuals are clear of the path of anything that [client A] throws or pushes around; (3) Use the least amount of physical assistance (use Indiana Mentor approved PIA techniques) to guide [client A] away from the area and keep everyone safe. As the policy stated, PIA protocol should be implemented using the least to most restrictive procedures needed to effectively interrupt the behavior (e.g. (for example) begin with blocking and if ineffective proceed to a 1 person standing hold; (4) If [client A] breaks property that is not his, (the) program director will decide and discuss with [client A] if he is responsible for replacing the cost of the item out of his personal savings account or allowance; (5) Once [client A] is calm, staff will offer a brief discussion of the incident, review alternative appropriate ways to communicate and have [client A] apologize." Client A's BSP dated 12/24/13 indicated, "SIB Non-Restrictive: (1) If you find [client A] engaging in severe SIB, immediately approach [client A] and demand of him that he cease the injury (sic) use a flat unemotional tone; (2) Remind [client A] of his reinforcement program and redirect [client A] to another activity; (3) If the</p>			

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	<p>behavior is judged to cause no injury or only minor injury (e.g. tearing cuticles), and especially if the behavior appears to occur for attention, ignore the behavior but periodically check to assure that it does not escalate. Restrictive: (1) If this behavior, SIB, cannot be redirected and may cause moderate or more serious injury, us the minimum amount of physical guidance necessary to stop the behavior; (2) if the SIB continues for more than 30 minutes, contact the program director."</p> <p>Client A's ISP (Individual Support Plan) dated 4/23/14 indicated client A was assessed as needing 24 hour supervision and had limited pedestrian safety skills. Client A's RMAP (Risk Management Assessment and Plan) dated 4/23/14 indicated, "[Client A] uses profanity towards community members. [Client A] to profile himself as a safety hazards towards other people (sic)."</p> <p>The review did not indicate additional documentation of IDT review of client A's 9/3/14, 9/28/14, 9/29/14 or 10/7/14 incidents of elopement or SIB.</p> <p>PD (Program Director) #1 was interviewed on 10/8/14 at 5:40 PM. PD #1 indicated client A should have one to one ratio staff supervision during all</p>			

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	<p>awake hours. PD #1 indicated client A's one to one assigned staff should implement PIA techniques to prevent client A from eloping from the group home, to prevent or stop SIB and stop client A from behavioral incidents in the community or streets during elopement incidents. PD #1 indicated client A stood in the street on 9/3/14 during an elopement incident. PD #1 indicated client A had been hospitalized on 9/29/14 due to an incident of SIB. When asked how client A had elopement behaviors on 9/3/14, 9/28/14 and 10/7/14 and an incident of SIB resulting in hospitalization on 9/29/14 during one to one staff supervision, PD #1 stated, "Some of our staff are not doing the PIA consistently. Some of the staff, in particular the female staff, are reluctant. [Client A] is a younger male and is maybe stronger than the female one on ones."</p> <p>Staff #2 was interviewed on 10/8/14 at 6:17 PM. Staff #2 indicated she had been assigned as client A's one to one staff on 9/29/14. Staff #2 indicated staff #3 and #4 were also working in the home during the 9/29/14 incident. Staff #2 indicated client A had become upset regarding an outing and had gone to his bedroom. Staff #2 indicated client A began attempting SIB using a broken CD, CD</p>			

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	<p>case, the cord of his television and his belt. When asked if she had implemented PIA to prevent client A's SIB, staff #2 stated, "I'm sort of cautious. The redirection was working." Staff #2 indicated she had been able to confiscate some of the CD pieces, the TV cord and the belt from client A.</p> <p>PD #1 was interviewed on 10/9/14 at 11:21 AM. PD #1 indicated client A's BSP dated 12/24/13 and elopement protocol should be implemented. PD #1 indicated the IDT should review client A's incidents to make recommendations to prevent additional incidents of elopement or SIB. When asked if client A was out of staff's sight during the 10/7/14 incident of elopement, PD #1 stated, "I'm really not sure. I got two different reports. I'm thinking that [client A] was." When asked if staff #2 had attempted to implement PIA to prevent client A's SIB on 9/29/14, PD #1 stated, "It sounded like from [HM #1] that she did but I'm not really sure. I don't think she did." PD #1 indicated the IDT had not met to discuss client A's 9/3/14, 9/28/14, 9/29/14 or 10/7/14 incidents of elopement or SIB.</p> <p>AD #1 was interviewed on 10/8/14 at 3:57 PM. AD #1 indicated the facility's abuse and neglect policy should be implemented. When asked if incidents</p>			

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	<p>with the potential to cause injury should be investigated, AD #1 stated, "Yes." AD #1 indicated allegations of abuse, neglect and mistreatment should be thoroughly investigated with the results of the investigation reported to the administrator in 5 business days. AD #1 indicated corrective actions to prevent additional occurrences should be developed and implemented.</p> <p>The facility's policies and procedures were reviewed on 10/9/14 at 5:00 PM. The facility's policy entitled Quality and Risk Management dated April 2011 indicated, "Indiana Mentor follows the BDDS incident reporting policy as outlined in the provider standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS (e.) failure to provide appropriate supervision, care or training.... (4.)(c) Elopement of an individual that results in evasion of required supervision as described in the ISP (Individual Support Plan) for health and welfare...."</p> <p>The Quality and Risk Management policy dated April 2011 indicated, "Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment. In order to ensure the highest standard of</p>			

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	<p>service delivery specific staff will be assigned to the monitoring and reviewed (sic) of Quality Assurance. These staff will assist in providing Individual Support Teams/IDT's with corporate supports, recommendations and resources for incident management and will review the effectiveness of the recommendations." The April 2011 policy indicated, "The Area Director will complete an Incident Summary Report detailing the progress made towards meeting the recommendations previously set forth. The report may include further recommendations that may have been provided by the IDT or outside agency involved in the resolution of the incident. This procedure will provide Indiana Mentor with the information needed to ensure the effectiveness of the recommendations and an opportunity to make additional recommendations as needed."</p> <p>The Quality and Risk Management policy dated April 2011 indicated, "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee."</p> <p>This deficiency was cited on 8/29/14. The facility failed to implement a systemic</p>			

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W000154	<p>plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaints #IN00153960 and #IN00155120.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 3 of 9 allegations of abuse and neglect reviewed, the facility failed to complete thorough investigations for 2 incidents of elopement and 1 incident of SIB (Self Injurious Behavior) regarding client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/8/14 at 2:11 PM. The review indicated the following:</p> <p>1. BDDS report dated 9/4/14 indicated,</p>	W000154	<p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident. This retraining will also cover factual findings and what to compare them to for accuracy in an investigation.</p> <p>The Program Director will also be retrained on concerns that are brought up during an interview/investigation and ensuring that they are addressed appropriately. Any concerns should and will be brought to the entire team to discuss if any changes are needed or need to be addressed.</p>	11/08/2014

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	<p>"On 9/3/14, [client A] was upset because staff wouldn't go (sic) [client A] an IPOD. [Client A] wanted the IPOD because he believes his CD player is broken and it won't play CDs. In fact, the CD player works but [client A] keeps stretching (sic) his CDs which causes the player not to play correctly. Staff mentioned to [client A] that they weren't going to the store to buy [client A] an IPOD and this is when [client A] eloped from the group home. [Client A] ran away from the group home for about 5 to 10 minutes until he came back to the front yard of the group home. [Client A] wouldn't get (sic) back into the group home but attempted to punch the front headlights out of a staff member's car lights out (sic). No damage was done to the headlights nor to [client A's] hand. Then [client A] took off his shirt in the middle of [street] and started to swear at staff. The police were called and after about 15 minutes of inappropriate behavior the authorities arrived (sic) they redirected [client A] and he was fine for the rest of the evening."</p> <p>Client A's IDT (Interdisciplinary Team) protocol form dated 8/25/14 was reviewed on 10/9/14 at 5:55 PM. Client A's IDT protocol indicated, "All staff members will be retrained from the new list of objectives to follow for [client A];</p>		<p>To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly. Responsible Party: Program Director and Area Director and Quality Assurance Specialist.</p>				

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	<p>(1) One on one staff must be within arm's length at all times of [client A]; (2) One on one staff can stand in front of doors to block [client A] from going outside into the community; (3) One on one staff can (use) PIA (Physical Intervention Alternatives) (physical restraint technique) as needed to keep [client A] from running out in the community; (4) one on one staff must protect [client A] from running out in the community and will follow a couple of rules, in detail if [client A] does elope from the group home, as follows... (a) do not let [client A] get away if he attempts to elope from the group home; (b) staff must catch up to [client A] and stop him as quickly as possible from running off; (c) stop him at once. You can use PIA techniques to stop [client A] from eloping further; (d) Once [client A] elopes from the group home property, call the cops immediately; (e) Second staff will call the cops once [client A] has successfully eloped from the property of the group home...."</p> <p>-The review did not indicate documentation of an investigation regarding client A's 9/3/14 incident of elopement or subsequent behavior in the public street. The review did not indicate documentation of analysis of the circumstances of client A's 9/3/14 incident of elopement. The review did</p>			

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	<p>not indicate documentation of analysis of factual findings or determination as to whether or not staff appropriately implemented client A's 8/25/14 IDT protocol to prevent client A from eloping into the community.</p> <p>2. BDDS report dated 9/29/14 indicated, "[Client A] eloped from his group home around 1:30 PM. Staff was able to be within eye sight of [client A] the entire time. However, police were called and [client A] was returned to the group home at 1:55 PM."</p> <p>-Investigation Summary dated 9/30/14 indicated, "[Staff #1] was [client A's] one to one ratio staff and was attempting to get him to clean his room. [Client A] became upset and didn't want to, so he eloped from the group home. [Staff #1] followed [client A] in her car and finally convinced him to get in the car and come back. The police were called in the meantime but had no intervention because [staff #1] convinced [client A] to return before they go involved.</p> <p>Factual findings: [Staff #1] reported that she was doing her normal routine with [client A] and attempting to get him to clean his room. [Staff #1] said that he was not cooperative at all and became upset. [Client A] eloped out the door.</p>			

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	<p>[Staff #1] said that he ran North on [street] and [staff #1] was able to follow [client A] in her car. [Staff #1] turned right on [street] and followed him slowly. [Staff #1] attempted to get him to come back in the car with her but he refused. He ran for a few more blocks. [Staff #1] said that she did call the police as it is written in his elopement protocol but they did not intervene at all. [Client A] did get in the car with her and was returned to the group home with no injuries."</p> <p>The 9/30/14 Investigation summary indicated, "Conclusion: (1) Evidence supports staff intervened appropriately; (2) Evidence supports staff implemented BSP (Behavior Support Plan) appropriately; (3) Evidence supports staff followed RMAP (Risk Management Assessment and Plan); (4) Evidence supports staff followed protocol(s)."</p> <p>The 9/30/14 Investigation summary did not indicate analysis or reconciliation regarding if staff #1 attempted to implement PIA to prevent client A from eloping from the group home. The investigation summary concluded staff #1 appropriately implemented client A's protocols without providing documentation of analysis of staff #1's description of the incident or implementation of PIA techniques.</p>			

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	<p>The review indicated staff #1 did not implement client A's 8/25/14 IDT protocol to prevent client A from eloping from the group home.</p> <p>3. BDDS report dated 9/30/14 indicated, "[Client A's] housemates were asking the staff what outing they were scheduled to do that night (9/29/14). Staff discussed with them the idea of going to the park. [Client A's] one on one staff explained to [client A] that he was not able to go on the outing because of his behaviors earlier in the day based on his BSP. [Client A] became upset and went to his room. Staff followed him and he became physically aggressive and started saying that he wanted to kill himself. [Client A's] one on one staff started removing objects from his possession. [Client A] was breaking his CDs and CD cases and attempting to swallow them. [Client A] did get some down but immediately started throwing up all over his room. Still upset, he picked up his TV and tossed it across the room breaking it. [Client A] took the cable cords from the wall and attempted to strangle himself. Staff were (sic) able to confiscate the cable cords. [Client A] continued to try to use objects to hurt himself. [Client A] took off his belt and started stabbing himself in the arm with the buckle. Staff again were (sic) able to get it out of his</p>			

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	<p>possession. Another staff in the meantime called the police because [client A] continued to try to swallow parts of the CDs that he broke. The police and EMT (Emergency Medical Technicians) came and took him to [hospital] where he was later admitted for suicidal comments, threats and behaviors. An x-ray was completed and it was determined that [client A] did swallow part of the CD but it was small enough that it would be able to pass through his system without cause for worry."</p> <p>-Follow up BDDS report dated 10/8/14 indicated, "[Client A] was released from the hospital the next day. [Client A] had an x-ray to visually see if any CD parts were in his body. Doctor stated that [client A] did have a couple of very small pieces in his stomach but he could excrete them through a bowel movement without any troubles. After [client A] was released from the hospital he was placed on suicide watch for 24 hours. We will continue his one on one supervision to assure his health and safety is not compromised. Also, an IDT meeting is being organized to talk about his issues and how to solve them safely (sic) and accurately."</p> <p>-Summary of Internal Investigation Report (SIIR) dated 9/30/14 indicated,</p>			

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	"Brief summary of the incident: On 9/29/14 [client A] because (sic) upset over being denied an outing according to his BSP. [Client A] became suicidal with attempts to swallow broken pieces of a CD and its case, breaking his TV and attempting to strangle himself with the cords and attempting to self-harm with his belt. The police were called because staff were (sic) unable to get him to stop and were fearful, and [client A] was taken and admitted to [hospital]." The SIIR dated 9/30/14 indicated HM (Home Manager) #1 was interviewed during the investigation process. In HM (Home Manager) #1's documented interview, HM #1 indicated staff #2 reported to her that staff #2 had attempted to utilize PIA on client A during the 9/29/14 incident of self-harm. In staff #2's documented interview, staff #2 did not indicate she had attempted or did successfully implement PIA on client A to prevent his self-harming behaviors. The SIIR did not indicate documentation of analysis of staff #2's intervention or clarify if staff #2 implemented PIA to prevent self-harm to client A. The SIIR did not indicate documentation of interviews being conducted with staff #3 or #4 who were working in the home during the incident. The SIIR did not indicate documentation of interviews with clients A, B, C, D, E or F regarding the incident. The SIIR did			

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	<p>not indicate documentation of a finding of fact/determination as to whether or not staff #2 neglected to prevent client A from harming himself.</p> <p>The facility's POC (Plan of Correction) form dated 9/28/14 was reviewed on 10/8/14 at 1:30 PM. The 9/28/14 POC indicated, "To ensure that all incidents are investigated accurately and thoroughly, Indiana Mentor's Quality Assurance Specialist (QAS) will assist... with the next three investigations. Ongoing, all investigations will be reviewed by AD (Area Director) and the QAS to ensure that all issues are addressed, that the investigation is completed thoroughly...."</p> <p>Client A's record was reviewed on 10/9/14 at 10:43 AM. Client A's BSP dated 12/24/13 indicated, "Property Destruction. Restrictive: (1) A firm prompt is needed to get [client A's] attention. Attempt to redirect [client A] to another activity and remind him of his reinforcement program. [Client A] should respond immediately. If he stops, provide verbal praise; (2) If redirection does not work, be sure that all other individuals are clear of the path of anything that [client A] throws or pushes around; (3) Use the least amount of physical assistance (use Indiana Mentor approved</p>			

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	<p>PIA techniques) to guide [client A] away from the area and keep everyone safe. As the policy stated, PIA protocol should be implemented using the least to most restrictive procedures needed to effectively interrupt the behavior (e.g. (for example) begin with blocking and if ineffective proceed to a 1 person standing hold; (4) If [client A] breaks property that is not his, (the) program director will decide and discuss with [client A] if he is responsible for replacing the cost of the item out of his personal savings account or allowance; (5) Once [client A] is calm, staff will offer a brief discussion of the incident, review alternative appropriate ways to communicate and have [client A] apologize." Client A's BSP dated 12/24/13 indicated, "SIB</p> <p>Non-Restrictive: (1) If you find [client A] engaging in severe SIB, immediately approach [client A] and demand of him that he cease the injury (sic) use a flat unemotional tone; (2) Remind [client A] of his reinforcement program and redirect [client A] to another activity; (3) If the behavior is judged to cause no injury or only minor injury (e.g. tearing cuticles), and especially if the behavior appears to occur for attention, ignore the behavior but periodically check to assure that it does not escalate. Restrictive: (1) If this behavior, SIB, cannot be redirected and may cause moderate or more serious</p>			

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	<p>injury, us the minimum amount of physical guidance necessary to stop the behavior; (2) if the SIB continues for more than 30 minutes, contact the program director."</p> <p>Client A's ISP (Individual Support Plan) dated 4/23/14 indicated client A was assessed as needing 24 hour supervision and had limited pedestrian safety skills. Client A's RMAP (Risk Management Assessment and Plan) dated 4/23/14 indicated, "[Client A] uses profanity towards community members. [Client A] to profile himself as a safety hazards towards other people (sic)."</p> <p>Staff #2 was interviewed on 10/8/14 at 6:17 PM. Staff #2 indicated she had been assigned as client A's one to one staff on 9/29/14. Staff #2 indicated staff #3 and #4 were also working in the home during the 9/29/14 incident. Staff #2 indicated client A had become upset regarding an outing and had gone to his bedroom. Staff #2 indicated client A began attempting SIB using a broken CD, CD case, the cord of his television and his belt. When asked if she had implemented PIA to prevent client A's SIB, staff #2 stated, "I'm sort of cautious. The redirection was working." Staff #2 indicated she had been able to confiscate some of the CD pieces, the TV cord and</p>			

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W000157	<p>the belt from client A.</p> <p>AD #1 was interviewed on 10/8/14 at 3:57 PM. AD #1 indicated allegations of abuse, neglect and mistreatment should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 4 of 9 allegations of abuse and neglect reviewed, the facility failed to develop and implement corrective action to prevent reoccurrence of client A's elopement and SIBs.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/8/14 at 2:11 PM. The review indicated the following:</p> <p>1. BDDS report dated 9/4/14 indicated, "On 9/3/14, [client A] was upset because staff wouldn't go (sic) [client A] an IPOD. [Client A] wanted the IPOD</p>	W000157	<p>Indiana MENTOR and Client A's IDT has determined that the one on one staffing will remain in place until Client A's court date on November 18, 2014, in which the court will decide his future placement due to his ongoing elopement behaviors. Indiana MENTOR, in conjunction with client A's Interdisciplinary Team and the Bureau of Developmental Disability Services, are working to identify a more appropriate residential placement in the meantime. All identified parties have concluded that client A should receive a waiver in order to be in most appropriate residential placement. The intake meeting for this is scheduled for 11-3-2014 at 10am. All staff working with client A are trained on the updated Behavior Support Plan, which includes the elopement</p>	11/08/2014

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	<p>because he believes his CD player is broken and it won't play CDs. In fact, the CD player works but [client A] keeps stretching (sic) his CDs which causes the player not to play correctly. Staff mentioned to [client A] that they weren't going to the store to buy [client A] an IPOD and this is when [client A] eloped from the group home. [Client A] ran away from the group home for about 5 to 10 minutes until he came back to the front yard of the group home. [Client A] wouldn't get (sic) back into the group home but attempted to punch the front headlights out of a staff member's car lights out (sic). No damage was done to the headlights nor to [client A's] hand. Then [client A] took off his shirt in the middle of [street] and started to swear at staff. The police were called and after about 15 minutes of inappropriate behavior the authorities arrived (sic) they redirected [client A] and he was fine for the rest of the evening. Plan to Resolve. Continue to monitor the health and safety of [client A] at all times."</p> <p>Client A's IDT (Interdisciplinary Team) protocol form dated 8/25/14 was reviewed on 10/9/14 at 5:55 PM. Client A's IDT protocol indicated, "All staff members will be retrained from the new list of objectives to follow for [client A]; (1) One on one staff must be within arm's</p>		<p>protocol, the one on oneprotocol, and the reinforcement protocol. The Program Director and Home Manager were previouslyretrained on Indiana MENTOR's policy and procedures for neglect. The Program Director and Home Manager will be retrained onputting appropriate protective measures into place after each incident thatoccurs, according to the Indiana MENTOR's policy and procedures on abuse andneglect. The IDT will continue to meet monthly to review Client A'sBehavior Support Plan and ongoing protocols until the new placement has takenover. All incidents for client A are being reviewed by the IDT inorder to determine if more therapeutic interventions are needed for client A'shealth and safety. Client A continues to receive his weekly counseling servicesto support him during this transition period. Client A continues to see his psychiatric doctor monthly toreview his current therapeutic medications. To ensure that all incidents are investigated accurately andthoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PDwith the next three investigations. Ongoing, all investigations will be reviewed by the AreaDirector and the Quality Assurance Specialist to ensure that all issues areaddressed, that the investigation iscompleted thoroughly, that</p>		

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	<p>length at all times of [client A]; (2) One on one staff can stand in front of doors to block [client A] from going outside into the community; (3) One on one staff can (use) PIA (Physical Intervention Alternatives) (physical restraint technique) as needed to keep [client A] from running out in the community; (4) one on one staff must protect [client A] from running out in the community and will follow a couple of rules, in detail if [client A] does elope from the group home, as follows... (a) do not let [client A] get away if he attempts to elope from the group home; (b) staff must catch up to [client A] and stop him as quickly as possible from running off; (c) stop him at once. You can use PIA techniques to stop [client A] from eloping further; (d) Once [client A] elopes from the group home property, call the cops immediately; (e) Second staff will call the cops once [client A] has successfully eloped from the property of the group home...."</p> <p>-The review did not indicate documentation of any additional measures to prevent reoccurrence.</p> <p>2. BDDS report dated 9/29/14 indicated, "[Client A] eloped from his group home around 1:30 PM. Staff was able to be within eye sight of [client A] the entire time. However, police were called and</p>		<p>recommendations are made and that all recommendations are completed and followed up on in a timely manner. Responsible Parties: Program Director, Area Director, and Quality Assurance Specialist</p>				

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	<p>[client A] was returned to the group home at 1:55 PM. Plan to resolve. Continue to monitor [client A's] health and safety daily."</p> <p>-Investigation Summary dated 9/30/14 did not indicate documentation of any additional measures to prevent reoccurrence.</p> <p>3. BDDS report dated 9/30/14 indicated, "[Client A's] housemates were asking the staff what outing they were scheduled to do that night (9/29/14). Staff discussed with them the idea of going to the park. [Client A's] one on one staff explained to [client A] that he was not able to go on the outing because of his behaviors earlier in the day based on his BSP. [Client A] became upset and went to his room. Staff followed him and he became physically aggressive and started saying that he wanted to kill himself. [Client A's] one on one staff started removing objects from his possession. [Client A] was breaking his CDs and CD cases and attempting to swallow them. [Client A] did get some down but immediately started throwing up all over his room. Still upset, he picked up his TV and tossed it across the room breaking it. [Client A] took the cable cords from the wall and attempted to strangle himself. Staff were (sic) able to confiscate the</p>			

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	<p>cable cords. [Client A] continued to try to use objects to hurt himself. [Client A] took off his belt and started stabbing himself in the arm with the buckle. Staff again were (sic) able to get it out of his possession. Another staff in the meantime called the police because [client A] continued to try to swallow parts of the CDs that he broke. The police and EMT (Emergency Medical Technicians) came and took him to [hospital] where he was later admitted for suicidal comments, threats and behaviors. An x-ray was completed and it was determined that [client A] did swallow part of the CD but it was small enough that it would be able to pass through his system without cause for worry.</p> <p>Plan to resolve. At this time, [client A] remains in the care of [hospital]. The team will meet to discuss protective measures to be put into place in order to follow all doctor's orders upon discharge."</p> <p>-Follow up BDDS report dated 10/8/14 indicated, "[Client A] was released from the hospital the next day. [Client A] had an x-ray to visually see if any CD parts were in his body. Doctor stated (sic) that [client A] did have a couple of very small pieces in his stomach but he could excrete them through a bowel movement</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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	<p>without any troubles. After [client A] was released from the hospital he was placed on suicide watch for 24 hours. We will continue his one on one supervision to assure his health and safety is not compromised. Also, an IDT meeting is being organized to talk about his issues and how to solve them safely (sic) and accurately."</p> <p>-Summary of Internal Investigation Report (SIIR) dated 9/30/14 did not indicate documentation of recommendations or methods to prevent future incidents.</p> <p>4. BDDS report dated 10/8/14 indicated, "On 10/7/14, [client A] was listening to his MP-3 player. [Client A] was having a great afternoon but when [client A's] one on one staff member told [client A] to do a specific chore, he refuse (sic) to listen to anything she had to say and as a result he ran out of the group home yelling profanities. Because of the elopement out of the home staff call (sic) 911 to have the authorities come to the group home (sic) help find [client A] and being (sic) him into the home safely.</p> <p>Plan to resolve. Continue to follow [client A's] BSP to assure his health and safety at all times. A (sic) IDT... has been organized to help solve some of [client A's] issues he is currently happening</p>			

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	<p>(sic)." The BDDS report indicated client A had evaded staff's supervision.</p> <p>The facility's POC (Plan of Correction) form dated 9/28/14 was reviewed on 10/8/14 at 1:30 PM. The 9/28/14 POC indicated, "The program manager and home manager will be retrained on Indiana Mentor's Policy and procedures for neglect. The program manager and home manager will be retrained on putting appropriate protective measures into place after each incident that occurs, according to the Indiana Mentor's policy and procedures on abuse and neglect. The IDT will continue to meet monthly to review [client A's] BSP and ongoing protocols until the new placement has taken over. All incidents for [client A] are being reviewed by the IDT in order to determine if more therapeutic interventions are needed for [client A's] health and safety." The POC dated 9/28/14 indicated, "Ongoing, all investigations will be reviewed by AD (Area Director) and the QAS to ensure that all issues are addressed... that recommendations are made and that all recommendations are completed and followed up on in a timely manner."</p> <p>Client A's record was reviewed on 10/9/14 at 10:43 AM. The review did not indicate additional documentation of IDT</p>			

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	<p>review of client A's 9/3/14, 9/28/14, 9/29/14 or 10/7/14 incidents of elopement or SIB.</p> <p>PD #1 was interviewed on 10/9/14 at 11:21 AM. PD #1 indicated the IDT should review client A's incidents to make recommendations to prevent additional incidents of elopement or SIB. PD #1 indicated the IDT had not met to discuss client A's 9/3/14, 9/28/14, 9/29/14 or 10/7/14 incidents of elopement or SIB.</p> <p>AD #1 was interviewed on 10/8/14 at 3:57 PM. AD #1 indicated corrective actions to prevent additional occurrences should be developed and implemented.</p> <p>This deficiency was cited on 8/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaints #IN00153960 and #IN00155120.</p> <p>9-3-2(a)</p>			